

(For Office Use Only)

COVER LETTER

TO: Reinstatement Section
Division of Corporations

SUBJECT: _____
(Name of Partnership)

DOCUMENT NUMBER: _____

The enclosed Cancellation of Partnership Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Reinstatement Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CANCELLATION OF PARTNERSHIP STATEMENT

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to cancel a partnership statement:

(Note: A cancellation of a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being canceled was previously filed and is of record with this office.)

FIRST: The name of the partnership is: _____

SECOND: The partnership was registered with the Florida Department of State on _____
and assigned registration number _____.

THIRD: This cancellation cancels the following statement

- Statement of Partnership Authority filed on _____, assigned document number GP _____.
- Statement of Dissolution filed on _____, assigned document number GP _____.
- Statement of Denial filed on _____, assigned document number GP _____.
- Statement of Dissociation filed on _____, assigned document number GP _____.
- Statement of Merger filed on _____, assigned document number GP _____.
- Statement of Limited Liability Partnership Qualification filed on _____, assigned
document number LLP _____.

FOURTH: Text/Substance of Cancellation:

FIFTH: Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this _____ day of _____, _____.

Signatures of a partner or authorized person: _____

Typed or printed name of person signing above: _____

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)